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**SPEECH BY AMBASSADOR MORIARTY AT THE  
DISSEMINATION SEMINAR OF THE 2007 BANGLADESH  
DEMOGRAPHIC AND HEALTH SURVEY**

**RADISSON HOTEL, DHAKA**

**March 24, 2009**

Honorable Health Minister Dr. AFM Ruhul Haque; Distinguished representatives of the Ministry of Health; Respected development partner representatives and guests; Representatives of the media, ladies and gentlemen.

Assalam-u-alaikum, nomoshkar and good morning. Thank you for your warm welcome and for your leadership in improving people's health in Bangladesh.

The U.S. Government understands the importance of investing in people, of helping all the people of this interconnected globe to live prosperous, productive lives. To prosper, people need decent basic services like health and education. Here in Bangladesh, for the past three and a half decades, the U.S. Government through USAID has worked hand-in-hand with the Government both to help Bangladesh control its population and to provide a healthy future for all its citizens. The United States provides Bangladesh 35 million dollars a year for family planning and reproductive health, maternal and child health, TB and HIV/AIDS. Our efforts have helped Bangladesh reduce infant deaths by two-thirds and increase contraceptive use seven-fold.

We are here today to launch the 2007 Bangladesh Demographic and Health Survey final report. This is our fifth joint DHS for Bangladesh since 1993. The Survey provides information on fertility, child mortality, nutritional status, and utilization of health services. It also illustrates trends of these indicators over time. The goal of U.S. health assistance in Bangladesh is to provide cost-effective, essential health services with the broadest impact. That's why the DHS is important. The survey results provide data to health organizations in Bangladesh to ensure our programs achieve satisfactory results.

The Demographic and Health Survey serves a number of other purposes as well. It helps monitor the national health program and measure progress toward meeting the Millennium Development goals. The Survey also measures the receipt of adequate services and estimates future needs for commodities. Finally, the DHS data help policy makers prioritize limited financial resources.

Previous Demographic and Health Surveys showed successes, areas for improvement, and inspirations for new health strategies. The Surveys showed impressive achievements over the years in reducing fertility and improving child survival. At the same time, the surveys illustrated disparity in maternal health service use between the rich and the poor. The richest 20 percent of the women are two and a half times more likely to receive antenatal check up than the poorest 20 percent. As a result, the Government introduced inspirational interventions, like the voucher scheme for safe motherhood, to guide the poor towards these services.

An important part of our joint DHS venture is to train and transfer skills to Bangladeshi professionals and institutions. They learn to plan, execute and produce surveys, such as the Bangladesh DHS. The transfer of skills is reaping rewards. First, the National Institute of Population Research and Training (NIPORT) now implements national surveys. Bolstered by US partner MACRO International, NIPORT conducts the “Utilization of Essential Service Delivery Survey,” which monitors performance on selected health indicators and complements the DHS. Second, as a result of formal and on-the-job training by MACRO, Dhaka University has the capacity to conduct its own data management, processing and analysis. Bangladesh now addresses data analysis requests in-country rather than sending them to the U.S. Finally, ten newly-trained Bangladeshi researchers wrote several chapters of the 2007 BDHS final report.

Later this morning you will discuss implications of the DHS findings for future policies and strategies. I hope these discussions will reassess approaches to advance Bangladesh towards its Millennium Development Goals in population and health.

I would like to thank the organizations involved with the BDHS. One goal of technical assistance is to transfer skills that will make individuals and institutions self-reliant. We have achieved that goal to a great extent. NIPORT coordinated successful implementation of the survey. Mitra and Associates ensured consistently high quality data collection. MACRO offered overall technical assistance. And ICDDR, B provided insightful policy analysis. Today’s event facilitates widespread dissemination of the final report.

In closing, I would like to offer a challenge. I challenge all of you to analyze the data from these survey results. Translate the data into actionable recommendations and initiatives to improve public health programs. Together we can help improve the health of all 150 million Bangladeshis. Thank you.

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*As prepared for delivery*

**GR/ 2008**